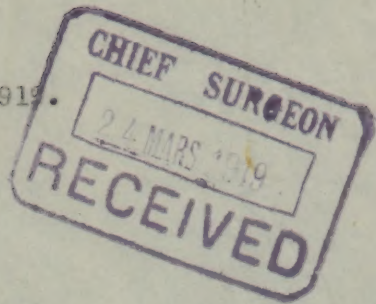


B A S E H O S P I T A L N O.59

1. HISTORY OF BASE HOSPITAL NO.59

HISTORICAL REPORT



I.

A. (a & b). The officer personnel of Base Hospital No. 59, U.S. Army at large, was selected from M.R.C., chiefly in Kentucky, during December 1917, authorization for so doing having been given to Major A.T. McCormack by Surgeon General Gorgas. Upon Major McCormack being ordered to Panama, the selection of officers and the recruiting of nurses was continued by Major Irvin Abell. Both officers and nurses were ordered on duty at various cantonment base hospitals, some of the officers first receiving a course in military training at Camp Greenleaf.

Major Irvin Abell was ordered from Camp Bowie to Camp Shelby Base Hospital on April 16, 1918 for duty with Base Hospital No. 59: officers arrived at various times until hospital was ordered overseas. On July 1st, 131 enlisted men in charge of Captain Nelson MacArthur arrived from Camp Greenleaf; July 25th the second contingent of 75 men came. The officers and enlisted men were given training in the Camp Shelby Base Hospital, being assigned therein to such duties as it was expected they would perform overseas, until time of departure of Base Hospital No. 59. The hospital under command of Lieut. Col. Irvin Abell left Camp Shelby on August 28, arriving at Camp Stuart, Newport News, Va. August 31. Equipment completed at this point for the 38 officers and 204 enlisted men. Embarked on the U.S.S. Madawaska in dock at Norfolk, Va., September 6th and sailed September 8th., the personnel having been diminished by one officer, Captain Robert L. Woodard being taken off board and left behind on account of illness. Base Hospital No. 59 was in charge of troops en voyage, Lieut. Col. Irvin Abell being in command of troops; Major Sidney J. Meyers, ship surgeon and the remaining officers being assigned to various duties in connection with the care and welfare of the 2300 troops aboard: There were no fatalities and no epidemics on board; rigid inspection of mess and of troops was made and rules of sanitation were thoroughly enforced. A submarine attack was experienced at 7 P.M., September 20th, when twenty(20) hours out of Brest, a depth bomb barrage put down by accompanying destroyers being credited with destruction of the U-boat. Arrived at Brest September 21st, debarking same day, going into quarters at Pontanezen Barracks. During stay at this post the personnel was utilized in the Camp Hospital, in camp sanitation and as medical officers in various organizations encamped nearby, there existing at the time a severe epidemic of Influenza, with the addition of new cases upon the arrival of each convoy. Leaving Brest September 29th, Base Hospital No. 59 arrived at Rimaucourt Hospital Centre, Rimaucourt, Haute Marne, on October 1st.

The nurses of Base Hospital No. 59, 100 in number, were mobilized at Hotel Irving, New York, N.Y., in charge of Miss Josephine Heffernan, Chief Nurse. They sailed on transport Orduna, September 9th, 1918, landing in Liverpool, England, on September 21st, going by way of Southampton and Le Havre to Rimaucourt, arriving there September 27th, two nurses, Miss Frances DeMarce and Rose Rapp, being left at Le Havre on account of illness. Miss DeMarce rejoined the organization October 8th, while Miss Rapp, who was admitted September 26th to U.S. Hospital No. 2, No. 1, Presbyterian U.S.A., General Hospital, British E.F., died October 4th of Bronchopneumonia.

Upon arrival at Rimaucourt Centre, nurses were assigned to duty in Base Hospitals No. 52 and 58, the nurses for these organizations not having arrived.

September 28th, fifty(50) nurses were detached and sent for temporary duty with Base Hospital No. 83 at Revigny, Miss Lillian Raines being in charge. Of the fifty(50) remaining at Rimaucourt, thirteen(13), shortly after arrival, suffered an attack of Influenza, three developing pneumonia, recovery ensuing in each instance. On October 10th, the fifty(50) nurses moved to quarters in Base Hospital No. 59 and were assigned to duty with the organization. X

(c).

Personnel of Base Hospital No. 59.

ADMINISTRATIVE

C.O.:	Irvin Abell,	Lieut. Col., M.C.
Adjutant:	Maxwell Klein,	2nd Lieut., San.C.
Registrar:	Benjamin F. Rosumay,	2nd Lieut., San.C.
C.M. & M.S.O.:	Horace C. Calhoun,	2nd Lieut., Q.M.C.
Mess Officer:	Chester N. Sanders,	2nd Lieut., San.C.

SURGICAL

CHIEF:	Benjamin F. Zimmerman,	Major, M.C.
General Surgeons:	Hugh E. Prather,	Captain, M.C.
	John B. Richardson,	Captain, M.C.
	Amelias W. Davis,	Captain, M.C.
	Elmer L. Henderson,	Captain, M.C.
	Harry C. Woodard,	Captain, M.C.
	Clifford N. Heisel,	1st Lieut., M.C.
	Carl E. Abell,	1st Lieut., M.C.
	Carl C. Howard,	1st Lieut., M.C.
	Michael J. Henry,	1st Lieut., M.C.
	John B. Jameson,	1st Lieut., M.C.
	Pitt E. Tucker,	1st Lieut., M.C.
	Caswell C. Turner,	1st Lieut., M.C.
	Elisha F. Robbins,	1st Lieut., M.C.
Genito-Urinary:	Robert J. Evans,	1st Lieut., M.C.
Ear, Nose, Throat:	Howard E. Blanchard,	Captain, M.C.
Ophthalmic:	Paul H. Gerhardt,	Captain, M.C.
Oral:	Nelson MacArthur,	Captain, M.C. - Detach. Com.
Röntgenologists:	Vernon Blythe,	Captain, M.C.
	Walter S. Chester,	1st Lieut., M.C.
Dentists:	John W. Puffer,	Captain, D.C.
	Joseph E. Johnson,	1st Lieut., D.C.

MEDICAL

CHIEF:	Sidney J. Meyers,	Major, M.C.
Assistants:	Llewellyn P. Spears,	Captain, M.C.
	Myer Solis-Cohen,	Captain, M.C.
	Francis L. Alexaitis,	1st Lieut., M.C.
	Harry E. McCord,	1st Lieut., M.C.
	John B. Floyd,	1st Lieut., M.C.
	Bernard N. Scrose,	1st Lieut., M.C.
Neurologist:	Perce DeLong,	Captain, M.C.
Cardio-vascular:	Thomas F. Miller,	Captain, M.C.

LABORATORY

CHIEF:	Morris Flexner,	Captain, M.C.
Assistant.	Herbert E. Schoonover,	1st Lieut., M.C.

Total number enlisted men : 199.

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Roster of officers and assignments are as follows:-

1. Lt. Col. Irvin Abell, promoted from Major and Chief of Surgical Service to Lt. Colonel and Commanding Officer of Base Hospital #59, July 18, 1918.

2. Lt. Col. Sidney J. Meyers, Chief of Medical Service, promoted from Major to Lt. Colonel August 12, 1918, but received his commission on October 18, 1918, while at this Centre. Lt. Colonel Meyers was detached from this hospital and became Commanding Officer of Base Hospital # 238, of this Centre, on December 25, 1918. He is also Medical Consultant of this Centre.

3. Major Benjamin F. Zimmerman advanced from Captaincy in August 1918, to Chief of Surgical Service. Major Zimmerman was at Seully, on detached service with Evacuation Hospital # 7, with Surgical team including Lieutenants Henry and Jamesen for one month and has been on surgical service a greater part of his stay at Base Hospital #52, of this Centre, which was designated as the Surgical Hospital of this Centre by Camp Commanding Officer, Colonel Henry Page.

4. Captain Percy DeLong, Neurologist.

5. Captain Vernon Blythe, X-ray.

6. Captain John B. Richardson, Jr. on detached duty with Base Hospital #52 during the month of October, and in charge of medical ward with this hospital after being relieved from the former duty. Captain Richardson was also chairman of the Disability Board.

7. Captain Hugh E. Prather, on detached duty with Base Hospital #52 during his entire stay at this Centre.

8. Captain Howard E. Blanchard, on detached duty with Base Hospital #238, Ear, Nose and Throat Department.

9. Captain Nelson McArthur, Detachment Commander, on special duty as Head Surgeon with Base Hospital #52.

10. Captain Asplias W. Davis, in charge of medical ward this Hospital.

11. Captain Morris E. Flexner, detached as Chief of Laboratory of this Centre.

12. Captain Elmer L. Henderson, Assistant and later A.P.M. of this Centre.

13. Captain Llewellyn P. Spears, Assistant to Lt. Colonel Meyers as Chief of Medical Service, was advanced to Chief of Medical Service, when Lt. Colonel Meyers became Commanding Officer of Base Hospital #238.

14. Captain Paul H. Berhardt, detached duty with Eye Department of this Centre.

15. Capt. Thomas F. Miller, after service in London at Heart Hospital with Major Peabody, returned to this organization, and on December 19th., was relieved of duty to return to United States on account of illness.

16. Captain Meyer Selis Cohen, detached duty with Base Hospital #62, later in charge of medical ward of this Hospital.

17. Captain John W. Ruffer and Lt. Joseph E. Johnson, Special duty with Dental Department, this Centre.

18. Captain Harry C. Woodard, detached duty with Base Hospital #62, later returned to this Organization.

19. Lieutenant Walter S. Chester, - Special duty as Sanitary Officer of Camp Centre.

20. Lieutenant Robert J. Evans, Jr., detached duty Veneral Department Base Hospital #64, later Adjutant of Base Hospital #238.

21. Lieutenant Pitt E. Tucker, detached duty with Base Hospital #62, later returned to this Organization.

22. Lieutenants Harry E. McCord, Clifford H. Heisel, Carl C. Howard, John B. Jamesen, Carl E. Abell and Elisha F. Robbins, on medical duty with this Hospital.

23. Lieutenant John B. Floyd, in charge of T.B. Ward this Hospital, detached in December with Army of Occupation.

24. Lieutenant Michael C. Henry, detached duty with Base Hospital #62, later returned to this Organization.

25. Lieutenant Herbert E. Scheneyer, on detached duty with Central Laboratory.

26. Lieutenant Francis L. Alexaitis, on detached duty with Base Hospital #62, later returned to this Organization.

27. Lieutenant Caswell C. Turner, Sanitary Officer, this Hospital.

28. Lieutenant Bernard M. Sereze, on detached duty with Base Hospital #62, later returned to this Organization; detached with Army of Occupation.

29. 2nd. Lieutenant Benjamin F. Resumy, Registrar and Receiving Officer.

30. 2nd. Lieutenant Horace C. Calhoun, Quartermaster.

31. 2nd. Lieutenant Chester N. Sanders, Mess Officer.

32. 2nd. Lieutenant Maxwell Klein Adjutant to Commanding Officer.

Of our Nurses, consisting originally of one hundred (100), we have never had but fifty (50). Upon arrival fifty (50) were detached to other posts, and their work must be commended, during those days when we needed our full quota.

(d & e). Base Hospital No. 59 was assigned to Section "C", October 1st and devoted it's time for seven days to preparing the hospital for reception of patients. Wooden barracks for officers, nurses and enlisted men, mess halls, kitchens, bath-rooms for each and twenty-six(26) barracks with space for 1250 beds. Plumbing was installed where water pipes were available, tables, chairs, desks, closets, benches and tables for mess halls, etc., built of such lumber as was available, means for darkening windows at night were provided with tar paper, such window frames as contained no glass panes, and but few possessed them, were covered with translucent oiled fabric; roads and pathways were built of rock and cinders, no duckboard being available, and the natural drainage of the area facilitated by ditching. Later in the month the two bucket latrines provided for patients, 30 seats for 1600 patients, proved inadequate and as but one feces destructor was available, three pit latrines were dug, or rather blasted, the solid rock underlying the area being covered by but from 6 to 18 inches of earth. This latter condition made the urine soakage pit constructed by engineers not a soakage pit but a reservoir and necessitated the blasting of one of such size as would accomodate the urine and fluid from feces destructor plant.

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Base Hospital #59. APO919.
Amer. E. F. France.

Memo: To Commanding Officer, Hospital Center, Rimaucourt, Haute Marne, France.

In compliance with Memo. A-17, Statistical Subsection, APO. 919, herewith submit the following statistical report.

1. Number of cases treated weekly in Base Hospital #59, week ending September 15, 1918, up to January 1, 1919. Ending January 5, 1919.

Sept. 15th.	0	Nov. 17th.	1026
Sept. 22nd.	0	Nov. 25th.	719
Sept. 29th.	0	Dec. 2nd.	705
Oct. 6th.	0	Dec. 9th.	735
Oct. 13th.	723	Dec. 16th.	803
Oct. 20th.	1660	Dec. 22nd.	285
Oct. 27th.	1623	Dec. 29th.	260
Nov. 4th.	1488	Jan. 5th.	253
Nov. 11th.	1114		

2. Number of cases admitted weekly:

Sept. 15th.	0	Nov. 17th.	350	
Sept. 22nd.	0	Nov. 25th.	9	
Sept. 29th.	0	Dec. 2nd.	140	
Oct. 6th.	0	Dec. 9th.	36	
Oct. 13th.	723	Dec. 16th.	231	
Oct. 20th.	947	Dec. 22nd.	37	
Oct. 27th.	4	Dec. 29th.	36	
Nov. 4th.	9	Jan. 5th.	20	
Nov. 11th.	31			
		Total Admissions		2553

3. Number of patients discharged from hospital to duty weekly:

Sept. 15th.	0	Nov. 17th.	305	
Sept. 22nd.	0	Nov. 25th.	141	
Sept. 29th.	0	Dec. 2nd.	4	
Oct. 6th.	0	Dec. 9th.	4	
Oct. 13th.	9	Dec. 16th.	5	
Oct. 20th.	36	Dec. 22nd.	2	
Oct. 27th.	125	Dec. 29th.	11	
Nov. 4th.	262	Jan. 5th.	8	
Nov. 11th.	61			
		Total Discharged to duty		964

4. Number of patients transferred to other hospitals weekly:

Sept. 15th.	0	Nov. 17th.	11	
Sept. 22nd.	0	Nov. 25th.	13	
Sept. 29th.	0	Dec. 2nd.	2	
Oct. 6th.	0	Dec. 9th.	160	
Oct. 13th.	2	Dec. 16th.	549	
Oct. 20th.	0	Dec. 22nd.	58	
Oct. 27th.	11	Dec. 29th.	31	
Nov. 4th.	139	Jan. 5th.	5	
Nov. 11th.	376			
		Total transferred to other hospitals		1352

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5. Number of deaths weekly.

Sept. 15th.	0	Nov. 11th.	1
Sept. 22nd.	0	Nov. 17th.	0
Sept. 29th.	0	Nov. 25th.	0
Oct. 6th.	0	Dec. 2nd.	0
Oct. 13th.	0	Dec. 9th.	0
Oct. 20th.	5	Dec. 16th.	1
Oct. 27th.	8	Dec. 22nd.	0
Nov. 4th.	4	Dec. 29th.	0

Total number of deaths 19.

6. (A) Total Medical Admissions 2390 Patients.
 (B) Total Surgical Admissions 65 Patients X

Principal medical cases:

Gassed	804	Cholecystitis	1
Influenza	192	Paralysis	1
Bronchitis	65	Chill blains	1
Tonsillitis	10	Metatarsalgia	2
Lumbago	8	Adenitis	1
Exhaustion	6	Sprain	4
D. A. H.	7	Pyodermia	1
Tuberculosis	10	Orchitis	1
Neuritis	4	Colitis	2
Pharyngitis	1	Dental Treatment	2
Psychoneuroses	2	Lymphadenitis	2
Myositis	4	Urethral calculus	2
Jaundice	4	Measles	3
Laryngitis	3	Gastritis	19
Enuresis	1	Gastro-enteritis	89
Mygraine	2	Enteritis	202
Cholangitis	2	Dysentery	0
Asthma	2	Rheumatism	101
Synovitis	1	Arthritis	50
Flat feet	5	Enter-colitis	22
Trench feet	5	Mumps	4
Cellulitis	3	Veneral	0
Neurasthenia	1	Nephritis	10
Alcoholism	2	Diphtheria	0
Conjunctivitis	6	Cerebro spinal	0
Pneumonia, lobar	12	Meningitis	0
Pneumonia, broncho	22	Neuralgia	7
Pleurisy	6	Minor medical	0

Principal surgical cases.

G. S. W. (Battle Casualty)	20	Hernia	11
G. S. W. (Accident)	3	Hemorrhoids	13
Otitis media	11	Appendicitis	11
Contusions	1	Varicose veins	1

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7. Percentage.

Surgical Admissions	3.6 %
Medical Admissions	96.4 %
Total	100 %

Discharged to Duty	38.8%
Transferred to other Hospitals	54.4%
Died	.7
Remaining sick in hospital	6.1
Total	100 %

8. Number and causes of deaths.

(1) Rupture of stomach and diaphragm	1
(2) Subdual hemorrhage	8
Pneumonia, lobar	10
Pneumonia, broncho	19
Total	19

Benjamin F. Rosumny,
2nd. Lt. San. Corps, U. S. A.
Registrar.

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C. During the week beginning October 13th the 26 wards containing 1250 beds, were filled and it became necessary to erect tents, 75 of the Marquee type, with a capacity of 1250, were put up. It might be said that only patients not considered seriously ill, without fever, were quartered in these tents and when serious illness developed, such a case would be transferred to a ward and a convalescent sent to the tent in his place. The total capacity of hospital, wards and tents, was 2500: the greatest number in hospital at one time was 1860.

At first cots alone were available, for some of which ticks filled with straw, for the remaining blankets alone, one under and two over patient, could be provided. As fast as available these were replaced with beds, mattresses and with the installation of laundry plant, sheets. Until the installation of the Centre laundry, towels and such sheets as it was necessary to use were boiled in mess boilers and sterilized in the steam disinfecter. With the erection of the laundry plant, all beds for patients were kept supplied with clean bed linens. During October the supply of stoves was meager, one for each ward, which with scarcity of coal and character of wood, made the heating of wards but poor. During November and December with the arrival of more stoves, three were allotted to each ward, giving all comfortable warmth. X

Transportation facilities are scant, all available motors being pooled and furnished where and when needed most.

Miss Josephine E. Heffernan, A.N.C., succeeded as Chief Nurse, Base Hospital No. 59, by Miss Ida B. Hulette, A.N.C., December 12, 1918.

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D. The Administrative work was greatly facilitated by the training in the various case hospitals in the States, each member of the staff having had experience in his particular line. All offices were concentrated in one building, without partitions, facilitating correlation of duties.

The routine work incidental to such an organization is being satisfactorily carried out by the members of the administrative staff.

ambulance and medical supply departments are in charge of one officer: the arrangement has proved satisfactory. In addition and hospital supplies were secured, being obtained from the entire family officers and from organizations having a surplus over actual needs: but little medicine, scant dressings, few instruments, and inadequate clothing- pajamas, slippers, robes, socks, shoes, etc. In November and December direct shipment from States to A. F. H. and additional stock at the Centre gave abundant supply. The provisions of A. F. H. regarding property responsibility and accountability are rigidly observed with result that property loss is reduced to minimum. French hospital evacuating trains give no receipts for blankets or clothing supplied and as they carried none and were often unheated, it was necessary to supply these to patients evacuated on such trains in order to prevent deleterious exposure, with the result that such material was usually lost to hospital.

F. The members of the Army Nurse Corps and of the Detachment are deserving of highest commendation for faithful performance of duties imposed on them. With but 50 nurses, their ranks depleted by illness, the care of 1600 patients was a task to which they gave their best efforts and did long hours of duty. With a detachment of 200 men and no French or American labor available it was necessary to use 100 Class B patients as K.P.s. and such light duties as their condition permitted: the detachment personnel faithfully and without complaint did long hours of duty in office, on wards, hauling cinders, building roads, blasting latrines, digging ditches, erecting tents and doing many things incidental to the establishment and functioning of B.H. 59 in the Rimaucourt rain and mud.

Base Hospital No. 59 wishes to write into it's history an expression of appreciation of the help extended to it by Lieut. Col. James Pavliss, C.O., Camp Shelby Base Hospital, during the period of its mobilization, and particularly to Colonel Henry Page, C.O., Rimaucourt Hospital Center, whose considerate interest and kindly help is unfailing: the triaging of patients, the establishment of center laboratories, the designation of certain hospitals for certain classes of cases, instigated by him has resulted in more efficient care of patients and expedited their handling.

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II.

A. (also). Base Hospital Co. 88 are designated by the Commanding Officer of the Centre Medical Hospital. Only 65 surgical cases were admitted; 20 medical, 3 accident, 2 hernia, 10 otitis-media, and 4 sinusitis. Most cases were immediately transferred to the Surgical Hospital of the Centre. All eye, ear, nose and throat, skin, G.U., and dental, when not complicated by disease other than above described, were transferred to the hospital for treatment of such cases.

(b). Up to January 1918, those admitted, came from the baggage and laundry sections and from adjacent organizations, being assigned to wards according to the nature of the disease. Isolation of pneumonia, influenza and communicable diseases being the key-note of such distribution. In the wards containing respiratory or communicable diseases, strict isolation was enforced, and up to date, no cross infections have occurred.

0 Cases treated may be divided into gas, pneumonia, influenza, rheumatic and enteric.

- (1) Gas, with pneumonia, bronchitis, enteritis and burns.
- (2) Influenza of different types and all complications.
- (3) Enteric cases.
- (4) Arthritic.

204 gas cases were admitted to the hospital, and of these, mustard predominated; second, phosgene; third, both mustard and phosgene and fourth, chlorine gas. Of these eight gas cases had pneumonia on admission. The larger number of deaths were from secondary infection, in each case bronchial pneumonia being the sequel of gas. Practically all gas cases were susceptible to attacks of acute bronchitis, often resulting in sub-acute or chronic conditions, which did not improve in this climate. All of these cases have an unproductive cough, occasional slight rise in temperature, and few or many rales at the base of both lungs on deep inspiration or on coughing. A large percentage of gas cases were from time to time attacked with acute enteritis. These cases were carefully studied and the laboratory reports were negative, both as to an identical organism or to typhoid or para-typhoid, and the condition must be considered as one of the direct effects of gas upon the gastro-intestinal tract. Burns from mustard gas complicated many of these cases and ranged from slight burns to those of great severity. The most frequent location being about the sacrum, in the bend of the knee, the elbow and in the axilla, where the gas could be best retained and where moisture added to the burn. Conjunctivitis was another severe complication which occurred in many cases, but these cases rapidly improved when treated with constant care; acid compresses of boric acid solution and with an instillation of 1% argyrol three times daily. The most marked and constant effect of gas was the effort-syndrome or T.S.E. This feature was present with all forms of gas and continued throughout the entire time as such patients were in the hospital. These patients apparently upon inspection, showed nothing abnormal, but when allowed freedom and the slightest exercise, attacks of this T.S.E. was always apparent. None of these patients who showed an effort-syndrome were ever classified to be returned to duty from this hospital, it being the opinion of the Medical Officer in charge that such cases showing tremor, dyspnoea, sweating and tachycardia needed further treatment and they were evacuated to that end.

Influenza of many types was noted here with complications. Many terminated in bronchial pneumonia, while quite a few serious involvements were noted. A few otitis-mediae and quite a large percent with nervous involvements were treated. The gastro-intestinal type was seen but few.

Enteritis was often a periodic condition here and it's epidemiology was never demonstrated. All possible precautions were taken and every focus of infection was considered, that is, food, cleanliness in handling it, cleanliness of mess-halls, supervision of the diet and endeavoring to determine its origin.

Arthritic cases came to this hospital in numbers, and were probably due in most cases to exposure. Most of these cases under rest, warmth and proper food made uncomplicated recoveries. X

The medical cases admitted were of many kinds, none forming a striking problem.

(1) 1. The general sanitation of this hospital is good; the character of ground permitted of natural drainage which was facilitated by ditching. The feces destructor was inadequate, although operated day and night: latrines and pits, 12 to 15 feet deep, were dug for disposition of feces and urine, the feces disposed of in this way being the quantity unconsumed by the destructor. The drainage took care of waste water from wards, kitchens and messes: slops and kitchen waste disposed of to natives, being carted away daily. Flies at no time were numerous: although present when hospital first opened, disappeared with proper policing of grounds and disposal of stable refuse adjacent thereto.

Water for all purposes is piped from large spring near hospital grounds, is abundant and of good quality. Following prolonged rainfall heavy diarrhoea developed and on December 17th, colon bacilli were found in water, presumably due to surface contamination. All drinking water as well as that used in kitchens and messes is boiled: following the installation of this measure the incidence of diarrhoea gradually disappeared.

Cubicle isolation in all wards in which respiratory or communicable disease exists; cubicle isolation in detachment barracks: head to foot sleeping in all others; windows open at night; airing colicosted mess blankets twice weekly; steam sterilization of bed clothing used by ward patients; isolation of tuberculosis; isolation of communicable disease.

III.

A. Armistice Day, November 11th, was joyfully and "uproariously" celebrated, prayerfully by some, tearfully by some, but thankfully by all. Music and parades nondescript in character of uniform and rank'tis true, gave evidence of the happiness of those who had in various ways seen activity in the A.E.F.

Thanksgiving, bearing this year a special significance, was celebrated with a deep and heartfelt appreciation of same. Bountiful dinner for all, half holiday for the detachment, dinner and dance for officers and nurses. Chaplain A. Dineen delivered a beautiful address, subject, "Our Flag".

Christmas - Wards decorated with ivy, evergreen and such flags and colors as could be obtained or made: each ward provided with Christmas tree. Through the generosity of the Red Cross every patient and every member of the detachment received an individual "Christmas package". A "turkey dinner with trimmings" was served to personnel and patients; members of the Nurse Corps voluntarily took charge of those for the patients and detachment, Lieut. Cols Abell and Meyers making short talks at each.

Officers and Nurses gave a dinner to which Headquarters Staff and guests from adjacent organizations were invited: Lieut. Col. Abell, toastmaster; Invocation, Chaplain A. Dineen; Thanksgiving, Chaplain A. Dwart; Our Celebration, Lieut. Col. Meyers; Remarks, Col. Henry Page; Song - toute ensemble, The Star Spangled Banner.

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B. With deep regret the death of the following members of Base Hospital No. 59 are recorded:

~~X~~ Miss Rosa Rapp, A.N.C., October 4th, 1918 - Broncho-pneumonia.

Cpl. Ernest L. Stinson, # 2710293, October 17th, 1918 - Pneumonia, Lobar.

Pvt. Charles H. Shingler, # 2581040, November 5, 1918 - Pneumonia, Lobar.

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